

VOLUNTEER INTEREST PROFILE

CITY OF EUGENE
recreation
SERVICES
The benefits are endless...®

VOLUNTEERS make a difference in the quality of life within our city. They are building a stronger community and enriching their own lives by meeting new friends, sharpening their skills, and realizing the satisfaction of being a part of a caring community. Please take a few minutes to fill out this form. If you have any questions or would like to receive more information about volunteer opportunities, talk to the staff at any recreation facility. Volunteers must be at least 16 years old to apply.

NAME _____

Address _____

Phone (H) _____ (W) _____ (C) _____

E-mail _____

EMERGENCY CONTACT _____ Relationship _____

Phone (H) _____ (W) _____ (C) _____

REFERENCE _____ Relationship _____

Phone (H) _____ (W) _____ (C) _____

REFERENCE _____ Relationship _____

Phone (H) _____ (W) _____ (C) _____

Okay for agency to contact you directly? ☐ Yes ☐ No

Who referred you to us? _____

Please indicate your availability:

Weekdays:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Flexible
Weekends:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Flexible
Avg hours/week:	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 5-8 hours	<input type="checkbox"/> 8+ hours

Best time and day? _____

How long can you volunteer? ☐ Less than 3 months ☐ 3 months ☐ More than 3 months

Geographical preference:

Would you prefer to work in a specific neighborhood/facility? If so, where? _____

Do you need a volunteer placement on or near the bus line? ☐ Yes ☐ No

Do you have a specific volunteer job you would like to do?

Interest

Previous Experience

What would you like to gain from your volunteer experience? _____

Check preferences that would help us match you to a volunteer position, and indicate how many years of experience (if any) you have in each area.

- | | |
|--|--|
| <input type="checkbox"/> Preschool Programs _____ | <input type="checkbox"/> Education & Languages _____ |
| <input type="checkbox"/> Youth Programs _____ | <input type="checkbox"/> Health & Wellness _____ |
| <input type="checkbox"/> Teen Programs _____ | <input type="checkbox"/> Aquatics _____ |
| <input type="checkbox"/> Adult Programs _____ | <input type="checkbox"/> Athletics _____ |
| <input type="checkbox"/> Senior Services _____ | <input type="checkbox"/> Outdoor Programs _____ |
| <input type="checkbox"/> Disability Assistance _____ | <input type="checkbox"/> Clerical Services _____ |
| <input type="checkbox"/> Special Events _____ | <input type="checkbox"/> Fundraising _____ |
| <input type="checkbox"/> Summer Camps _____ | <input type="checkbox"/> Marketing _____ |

Please describe any education, training, certifications, qualifications, or skills that you think are relevant.

Is there anything else you would like to tell us about yourself in order to help us find an appropriate opportunity for you? _____

RELEASE FROM LIABILITY STATEMENT

In consideration of volunteering for the City of Eugene Recreation Division, I understand that there are certain risks inherent in these activities, and that proper physical conditioning, care and attention are necessary in order to maintain my personal safety. I also understand that the City of Eugene provides limited secondary coverage for accidental injury as a direct result of my volunteer activity. I hereby agree to assume those risks on my behalf and to hold harmless the City and its agents. I have read and understand the above.

Signature _____

Date _____

Signature Parent/Guardian (If under age 17) _____

Date _____

PHOTO RELEASE

I give permission to be photographed/videotaped/newspaper or TV interviewed during City of Eugene Recreation Programs for the purpose of publicizing future activities. ☐ Yes ☐ No

The following information is confidential and is used only for internal purposes and program evaluations. (If you feel uncomfortable with any questions, feel free to leave it blank.)

SEX ☐ F ☐ M BIRTHDATE __/__/__

Please identify your cultural/racial/ethnic background:

- | | |
|---|--|
| <input type="checkbox"/> African American _____ | <input type="checkbox"/> Asian _____ |
| <input type="checkbox"/> Caucasian _____ | <input type="checkbox"/> Latino/Hispanic/Mexican _____ |
| <input type="checkbox"/> Native American _____ | <input type="checkbox"/> Pacific Islander _____ |
| <input type="checkbox"/> Multi-Racial _____ | <input type="checkbox"/> Other _____ |